



THE RHODE ISLAND DEPARTMENT OF HUMAN SERVICES



Dear Provider,

Thank you for your interest in the Rhode Island Medical Assistance Program. Enclosed are the forms and information necessary to enroll as a performing provider within an established group.

Please complete and send the following:

- Adding Members to an Existing Group Provider Application form
- Copy of current license
- Copy of NPI letter and taxonomy

Completed enrollment forms should be mailed to:

EDS
Provider Enrollment Unit
P.O. Box 2010
Warwick, RI 02887-2010

If you have any questions about the enrollment form or enrollment process, please call EDS at **1-401-784-8100** for instate and long distance callers or 1-800-964-6211 for instate toll callers and border communities.

IMPORTANT NOTE: Please DO NOT send any claims with your application. Wait until you have received your provider number. If you are an out-of-state provider, wait for your provider number and Prior Authorization before sending in any claims.